Submit Institutional and Secondary Claims on the Provider Portal

Indiana Health Coverage Programs
DXC Technology
Annual Seminar – October 2019

Agenda

- IHCP Resources for *UB-04* Billers
- Submitting *UB-04*/Institutional Claims
- Submitting Third Party Liability (TPL) Secondary Claims
- Submitting Medicare or Medicare Replacement Plan Secondary Claims
- Searching for Claims and Payment History
- Submitting Third Party Liability (TPL) Updates
- Reminder
- Helpful Tools
- Questions

IHCP Resources for *UB-04* Billers

Resources

INDIANA MEDICAID
for Providers

Provider Enrollment | Provider References | Provider Education | Business Transactions | Clinical Services | About IHCP Programs | Contact Information

INDIANA MEDICAID / IHCP PROVIDERS / PROVIDER REFERENCES

Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- News, Bulletins, and Banner Pages
  - Current IHCP News
  - Bulletins
  - Banner Pages
- IHCP Email Notifications
- Provider Reference Materials
  - IHCP Provider Reference Modules
  - IHCP Companion Guides

https://www.in.gov/medicaid/providers/index.html
is your #1 venue for education and information.

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Provider References

Medical Policy Manual

The Indiana Health Coverage Programs (IHCP) *Medical Policy Manual* contains information about Indiana Medicaid policies. View the most recent published manual at the link below. Policy changes that have occurred since the effective date noted are announced in IHCP provider Bulletins and Banner Pages.

Medical Policy Manual	June 2019	Version 2.16

IHCP Provider Reference Modules

For information about IHCP policies and procedures, including billing guidance, refer to the IHCP Provider Reference Module appropriate to the topic of interest.

IHCP Provider Code Tables

Click "Launch Provider Code Tables" on the Code Sets page of this website to view published code tables related to general billing and claim processing, billing for certain services or provider types, or specific coverage policies for certain benefits and programs.

Examples of Commonly Accessed Modules

Hospice Services	May 1, 2017	2.0
Hospital Assessment Fee	April 1, 2019	4.0
Injections, Vaccines, and Other Physician-Administered Drugs	May 1, 2018	3.0
Inpatient Hospital Services	September 1, 2017	2.0
Laboratory Services	May 1, 2018	3.0
Long-Term Care	February 1, 2018	3.0
Medical Practitioner Reimbursement	October 1, 2017	2.0
Mental Health and Addiction Services	May 1, 2017	2.0
Obstetrical and Gynecological Services	July 1, 2018	3.0
Out-of-State Providers	July 1, 2017	2.0
Outpatient Facility Services	May 1, 2018	3.0

Table of Contents –
Inpatient Hospital Services

Table of Contents

Revenue Codes and Linkages

Access Code Sets from
https://www.in.gov/medicaid/providers/index.html

Business Transactions>Billing and Reimbursement>Code Sets>Launch Provider Code Table>Accept IHCP Provider Code Tables Agreement

General Billing Codes

- Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG
- Prenatal and Preventive Pediatric Care Diagnosis Codes That Bypass Cost Avoidance
- Procedure Code Modifiers for Professional Claims
- Procedure Codes That Require Attachments
- Procedure Codes That Require NDCs
- Revenue Codes
- Revenue Codes with Special Procedure Code Linkages
- Service Codes That Require Electronic Visit Verification

- **Billing and Remittance**
  - ○ Code Sets

Service-and-Provider-Specific Codes Inpatient Hospital Services Codes

Table 1 – ICD-10 Diagnosis Codes for Newborn – Light for Gestational Age

Table 2 – ICD-10 Diagnosis Codes for Newborn – Small for Gestational Age

Table 3 – ICD-10 Diagnosis Codes for Newborn – Extremely Low Birth Weight

Table 4 – ICD-10 Diagnosis Codes for Newborn – Other Low Birth Weight

Table 5 – ICD-10 Deep Vein Thrombosis and Pulmonary Embolism Diagnosis Codes Excluded from Hospital-Acquired Condition (HAC) and Present on Admission (POA) Requirements for Pediatric or Obstetric Patients

Table 6 – Procedure Codes Payable as an Inpatient Service When Delivered in an Inpatient Setting for Stays of Less Than 24 Hours

Outpatient Fee Schedule

Access Fee Schedule from
https://www.in.gov/medicaid/providers/index.html

Business Transactions>Billing and Reimbursement>IHCP Fee Schedules>View *Outpatient Fee Schedule*>Accept IHCP Fee Schedule Agreement>Go to *Outpatient Fee Schedule*

	A	B	C	D	E	F	G	H	I	J	K
		Outpatient Fee Schedule for IHCP									
Tab 1		Introduction/Notes									
Tab 2		Frequently Asked Questions									
Tab 3		Fee Schedule									
Tab 4		ASC Codes & Rates									
Tab 5		List of all Revenue Codes									
Tab 6		Codes allowable with Revenue Code 260 (on same date as treatment room									
Tab 7		Codes allowable with Revenue Code 274									
Tab 9		Codes allowable with Revenue Code 636									
Tab 10		Codes linked with Revenue Code 724									
Tab 11		Codes allowable with Revenue Code 920									
Tab 12		Codes allowable with Revenue Code 929									
Tab 13		Codes allowable with Revenue Code 940									
Tab 14		MCE Only RC Links									

Billing and Remittance

- Code Sets
- IHCP Fee Schedules

Provides information on revenue codes linkages

Submitting *UB-04*/Institutional and Secondary Claims

Two Ways to Access Claims Submission

OR

Institutional Claim
Provider and Patient Information

* Indicates a required field.

○ Inpatient   ○ Outpatient

Before entering information, indicate whether the claim is for inpatient or outpatient.

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID		ID Type NPI
Institutional Provider ID	XXXXXXXXXX 🔍	ID Type NPI ▼
Attending Provider ID	🔍	ID Type ▼ Name
Attending Taxonomy		
Operating Provider ID	🔍	ID Type ▼ Name
Other Operating Provider ID	🔍	ID Type ▼ Name

Patient Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID	XXXXXXXXXXX	
*Last Name		*First Name
Birth Date 🛈	📅	

- The Inpatient/Outpatient selection determines which fields are required.

***Red asterisks** indicate required fields.*

Institutional Claim Information

Claim Information

Claim Header Instructions

*Covered Dates 🛈	07/02/2019 🗓 - *07/16/2019 🗓		
*Admission Date/Hour 🛈	07/02/2019 🗓 - 15:00 (hh:mm)	Discharge Hour 🛈	(hh:mm)
*Admission Type 🛈	1-EMERGENCY	Admission Source 🛈	
*Admitting Diagnosis Type	ICD-10-CM ▾	*Admitting Diagnosis 🛈	P050-NEWBORN LIGHT FOR GESTATIONAL AG
E Code Diagnosis Type	ICD-10-CM ▾	E Code Diagnosis 🛈	
E Code Present on Admission	▾	Medical Record Number	
*Patient Status 🛈	01-DISCHARGED TO HOME OR SEL	*Type of Bill 🛈	111-Hospital
*Patient Number	XXXXXX	Authorization Number	

*Does the provider accept assignment for claim processing?   ● Yes ○ No ○ Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative?   ● Yes ○ No ○ N/A

*Does the provider have a signed statement from the patient releasing their medical information?   ● Yes ○ No

Include Other Insurance ☑   Total Charged Amount $0.00

[Continue] [Cancel]

- Click the **Include Other Insurance** box before **Continue**.

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Institutional Claim Diagnosis Codes

Submit Institutional Claim: Step 2		1249 GRAMS
* Indicates a required field.		P0505-NEWBORN LIGHT FOR GESTATIONAL AGE, 1250-1499 GRAMS
Provider Information		P0506-NEWBORN LIGHT FOR GESTATIONAL AGE, 1500-1749 GRAMS
Billing Provider ID	I	P0507-NEWBORN LIGHT FOR GESTATIONAL AGE, 1750-1999 GRAMS
Patient and Claim Information		

Patient and Claim Information

Member ID

Member

Birth Date

Covered Dates   07/02/2019 - 07/16/2019

Admitting Diagnosis Type   ICD-10-CM

1249 GRAMS

P0505-NEWBORN LIGHT FOR GESTATIONAL AGE, 1250-1499 GRAMS

P0506-NEWBORN LIGHT FOR GESTATIONAL AGE, 1500-1749 GRAMS

P0507-NEWBORN LIGHT FOR GESTATIONAL AGE, 1750-1999 GRAMS

P0508-NEWBORN LIGHT FOR GESTATIONAL AGE, 2000-2499 GRAMS

P0509-NEWBORN LIGHT FOR GESTATIONAL AGE, 2500 GRAMS AND OVER

P0502-NEWBORN LIGHT FOR GESTATIONAL AGE, 500-749 GRAMS

P0503-NEWBORN LIGHT FOR GESTATIONAL AGE, 750-999 GRAMS

P0501-NEWBORN LIGHT FOR GESTATIONAL AGE, LESS THAN 500 GRAMS

** 11 matches found. Select entry or refine search text. **

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove th
Please note that the 1st diagnosis entered is considered to be the principal

#	Diagnosis Type	
1		

1	*Diagnosis Type	ICD-10-CM ▼	*Diagnosis Code ❶	P050
	Present on Admission	▼		

Add   **Reset**

- Enter the first three alpha characters or diagnosis characters. A suggested list populates.

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Institutional Claim
Enter Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
1	ICD-10-CM	P050-NEWBORN LIGHT FOR GESTATIONAL AGE		Remove
2	ICD-10-CM	P0703-EXTREMELY LOW BIRTH WEIGHT NEWBORN, 750-999 GRAMS		Remove
3				

3   *Diagnosis Type   ICD-10-CM ▾   *Diagnosis Code ❶

Present on Admission ▾

Add   **Reset**

- Click **Add** after each entry.

- If diagnosis requires a present on admission (POA) indicator, include it.

Institutional Claim
Condition, Occurrence, and Value Codes

Condition Codes ▬

Click the **Remove** link to remove the entire row.

#	Condition Code	Action
1		

1 *Condition Code ❶ [ ]

[**Add**] [**Reset**]

Occurrence Codes ▬

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Occurrence Code	From Date	To Date	Action
1		---	---	

1 *Occurrence Code ❶ [ ]   *From Date ❶ [ ] 🗒   *To Date ❶ [ ] 🗒

[**Add**] [**Reset**]

Value Codes ▬

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
1			

1 *Value Code ❶ [ ]   *Amount [ ]

[**Add**] [**Reset**]

- Enter codes, dates, and amounts.
- Click **Add**.

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Institutional Claim
Surgical Procedure Code

- Enter the surgical procedure code and date.
- Click **Add**, then **Continue**.

Submitting Third Party Liability Secondary Claims

When is the Primary EOB Required for TPL Insurance - Commercial?

Explanation of benefits (EOB) needed when:

- Third Party Liability (TPL) has denied the service as non-covered.

- The TPL has applied the entire amount to the copay, coinsurance, or deductible, and no payment is made.

EOB not needed when:

- The primary insurance *COVERS* the service and has *PAID* on the claim.

- Actual dollars were received.

Other Insurance TPL Header

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	AETNA			$0.00	_	Remove

⊞ Click to add a new other insurance.

- If the primary insurance is listed, click on the line-item number to open the window.

- If primary insurance is not listed, click **+** (plus) to add a new other insurance.

Other Insurance TPL Header

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid

☐ Click to collapse.

*Carrier Name: AETNA
*Carrier ID: AETNA

Carrier Address:
City: State: ▼ ZIP Code ⓘ

*Policy Holder Last Name:
*First Name:
Policy Holder Address:
City: State: ▼ ZIP Code ⓘ

*Policy ID:
SSN ⓘ
*Relationship to Patient: ▼
*Claim Filing Code:
Group ID:
Policy Name:

TPL/Medicare Paid Amount: $0.00
Paid Date ⓘ
Claim ID:
Referral Number:
Authorization Number:

11-Other Non-Federal Programs
12-Preferred Provider Organizatio
13-Point of Service (POS)
14-Exclusive Provider Organizatio
15-Indemnity Insurance
16-Health Maintenance Organizati
17-Dental Maintenance Organizati
AM-Automobile Medical
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
DS-Disability

Add   **Cancel**

- Complete the required fields **(*)**, and the TPL/Medicare Paid Amount field.

- Click **Add**.

Other Insurance TPL Header

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	AETNA			$0.00	_	Remove

⊞ Click to add a new other insurance.

Condition Codes	⊞
Occurrence Codes	⊞
Value Codes	⊞
Surgical Procedures	⊞

Back to Step 1   **Continue** **Cancel**

- After you save and see the information in the *Other Insurance Details* window, click **Continue**.

Other Insurance
TPL Detail

- Click on the Service Details line and complete the required fields.
- Click **Add**.
- The Service Details line will collapse.

Other Insurance TPL Detail

Service Details   ▬

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
1	07/02/2019	07/16/2019			$25,000.00	15 Unit	Remove

*From Date Ө 07/02/2019   To Date Ө 07/16/2019

*Revenue Code Ө [   ]   HCPCS/Procedure Code Ө [   ]

Modifiers Ө [   ]   [   ]

[   ]   [   ]

Charge Amount $25,000.00   *Units 15   *Unit Type Unit ▼

Line Item Control# [   ]

- Click the **1** for the service details to open the Other Insurance Details window.

Other Insurance TPL Detail

Other Insurance for Service Detail   ▬

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action

⊟ Click to collapse.

➡ *Other Carrier [▾]

⬆ *TPL/Medicare Paid Amount [$0.00]   ⬆ *Paid Date ⓘ [07/18/2019] 🗓

[**Add**]   [Cancel]

NDC for Service Detail   ✚

[**Save**]   [Cancel]

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.

- Click **Add** and **Save** to collapse the service detail line.

Other Insurance
TPL Additional Details

Service Details ▬

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
1	07/02/2019	07/16/2019			$25,000.00	15 Unit	Remove
2	07/02/2019	07/16/2019			$3,000.00	10 Unit	Remove
3	07/02/2019	07/16/2019			$3,500.00	10 Unit	Remove

- Repeat these steps for EACH detail line to report the payment for each detail individually.

Submitting Medicare or Medicare Replacement Plan Secondary Claims

When is the Medicare or Medicare Replacement Plan EOB required?

Explanation of benefits (EOB) needed when:

- The Medicare or the Medicare Replacement Plan denies the service

- If Replacement Plan EOB is required, "Medicare Replacement Plan" must be written on the EOB

EOB not needed when:

- The Medicare or Medicare Replacement Plan covers the service:

  - Actual dollars were received

  - Zero-paid claim

    - Entire

    - Partial amount was applied to deductible, coinsurance, or copay

*A zero-paid claim **IS NOT** a denied claim.*

Medicare or Medicare Replacement Plan Header

- Complete all required fields (*), and the TPL/Medicare Paid Amount field.
- Click **Add**.

Medicare or Medicare Replacement Plan Header

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	Medicare	08101		$0.00	--	Remove

- After you save, the system will return to the *Other Insurance Details* panel.

- Click on the insurance line number again to add the coinsurance and deductible information in the *Claim Adjustment Details* window.

Medicare or Medicare Replacement Plan Header

Claim Adjustment Details   ⊟

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action

⊟ Click to collapse.

*Claim Adjustment Group Code PR-Patient Responsibility ▼

*Reason Code ❶ 1

*Adjustment Amount 15.00   Adjusted Units [   ]

Add   **Cancel**

Reason Codes:
1 Deductible
2 Coinsurance
3 Copayment

Save   **Cancel**

⊞ Click to add a new other insurance.

Back to Step 1   **Continue**   **Cancel**

- Click **Add** once all information has been entered.
- The Adjustment Amount is the patient responsibility amount.

Medicare or Medicare Replacement Plan Header

Claim Adjustment Details   [−]

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
1	PR-Patient Responsibility	1-Deductible Amount	$30.00		Remove

⊞ Click to add a new claim adjustment.

Save   **Cancel**

⊞ Click to add a new other insurance.

Condition Codes   ⊞

Occurrence Codes   ⊞

Value Codes   ⊞

Surgical Procedures   ⊞

Back to Step 1   **Continue**   **Cancel**

- If the member has more than one patient responsibility, click the **+** (plus) sign to add new claim adjustment.

- Once the Claim Adjustment Details panel is completed, click **Save** and then **Continue**.

Medicare or Medicare Replacement Plan Detail

Service Details   ▬

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action

⊟ Click to collapse.

*From Date ❶ `07/02/2019` 📅   To Date ❶ `07/16/2019` 📅

*Revenue Code ❶ [   ]   HCPCS/Procedure Code ❶ [   ]

Modifiers ❶ [   ]   [   ]
[   ]   [   ]

Charge Amount [$25000.00]   *Units [15]   *Unit Type [Unit ▼]

Line Item Control# [   ]

NDC for Service Detail   ➕

[**Add**]   [Cancel]

- Click on the Service Detail line and complete the require field.
- Click **Add**.
- Service Detail line will collapse.

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Medicare or Medicare Replacement Plan Detail

- Click **1** for the service detail to open the Other Insurance Details panel.

Medicare or Medicare Replacement Plan Other Insurance Detail

- Use the drop-down menu to choose the insurance that was added at the header level.
- Add the payment received for that detail line and date of primary EOB
- Click **Add** and **Save** to collapse the service detail line.

Medicare or Medicare Replacement Plan Claim Adjustment Details

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid
1	08101	$8,500.00	07/22

*Other Carrier 08101-Medicare ▼

*TPL/Medicare Paid Amount $8,500.00   *Paid Date ❶ 07/22/2019 🗓

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustr

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code
⊟ Click to collapse.		

*Claim Adjustment Group Code PR-Patient Responsibility ▼
*Reason Code ❶ 1
*Adjustment Amount 600   Adjusted Units

[Add]   [Cancel]

Reason codes:
1 = Deductible
2 = Coinsurance
3 = Copayment amount

[Save]   [Cancel]

- Click **1** to open Claims Adjustment Details.

- Use the drop-down menu to choose PR – Patient Responsibility.

- Choose the appropriate reason code.

- Enter amount of deduct/coins/copay.

- Click **Add**, then **Save**.

Medicare or Medicare Replacement Plan Additional Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
1	07/02/2019	07/16/2019			$25,000.00	15 Unit	Remove
2	07/02/2019	07/16/2019			$3,000.00	10 Unit	Remove
3	07/02/2019	07/16/2019			$3,500.00	10 Unit	Remove

- Repeat these steps for EACH detail line to report the payment for each detail individually.

Claim Note and Attachments

- Search for the file from the documents saved on the computer.

Attachment size limit is 5 MB total
Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF

Click Submit

Service Details							—

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
1	07/02/2019	07/16/2019			$25,000.00	15 Unit	Remove
2	07/02/2019	07/16/2019			$3,000.00	10 Unit	Remove
3	07/02/2019	07/16/2019			$3,500.00	10 Unit	Remove

⊞ Click to add service detail.

Attachments					—

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action

⊞ Click to add attachment.

Claim Note Information			—

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action

⊟ Click to collapse.

Note Reference Code [▼]

Note Text [ ]

[Add] [Cancel]

[Back to Step 1] [Back to Step 2]   [Submit] [Cancel]

- Click **Submit**.

Confirm

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units
1	07/02/2019	07/16/2019			$25,000.00	15 Unit
2	07/02/2019	07/16/2019			$3,000.00	10 Unit
3	07/02/2019	07/16/2019			$3,500.00	10 Unit

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

Back to Step 1   Back to Step 2   Back to Step 3   Print Preview   Confirm   Cancel

- Review claim.
- Click **Confirm**.

Claim Status and Claim ID

Attachment and/or Claim Note may cause the claim status to be pending/in process.
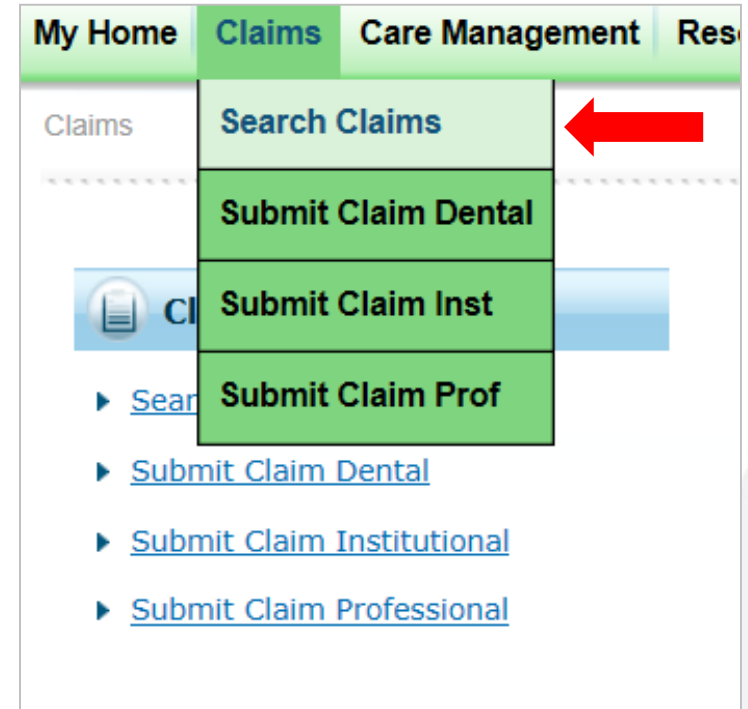
Searching for Claims and Payment History

Search Claims

OR

- There are two ways to begin a claims search.

Search Claims by Claim ID, Member, or Date Range

- Service from and to dates cannot be more than 60 days.

Claims Search Display

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 7

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
➕		Institutional	Finalized Denied	05/17/2019 - 05/30/2019			$0.00	08/07/2019	$0.00
➕		Institutional	Finalized Denied	04/26/2019 - 05/06/2019			$0.00	08/07/2019	$0.00
➕		Institutional	Finalized Payment	04/05/2019 - 04/23/2019			$0.00	08/07/2019	$0.00
➕		Institutional	Finalized Denied	04/04/2019 - 04/18/2019			$0.00	08/07/2019	$0.00

Search Payment History

Search Payment History

Search Results

To see payment details, click on the Payment ID link.

To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 13

Issue Date ▼	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
07/17/2019	Check		$0.00	🗎
07/10/2019	Check		$0.00	[🗎]
07/03/2019	Check		$0.00	🗎

Submitting Third Party Liability Updates via the Portal

Other Insurance
TPL Updates

WELCOME HEALTH CARE PROFESSIONAL!

User Details

Welcome

▶ My Profile

▶ Switch Provider

Provider

Name

Provider ID

▶ Provider Maintenance

Provider Services

▶ Member Focused Viewing

Contact Us

Notify Me

Secure Correspondence
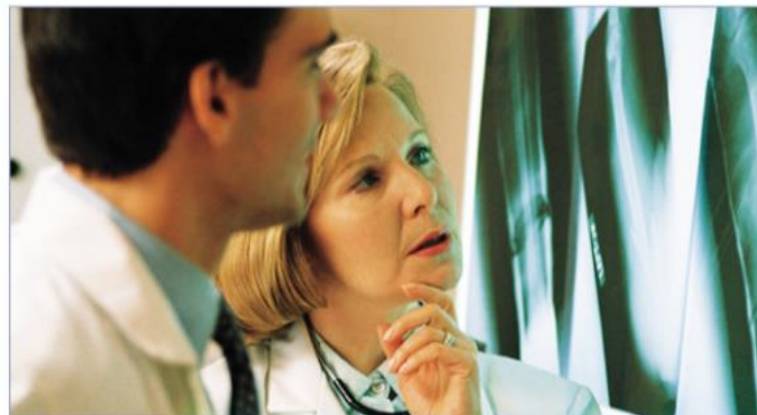
We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Delegates must have the function granted to them by their site administrator

Other Insurance (TPL) Updates Create New Message

- Responses to previous inquiries are listed.

Other Insurance (TPL) Updates Create Message

Secure Correspondence - Create Message

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.

*Subject	
*Message Category	TPL Update ▼
*Email Address ⓘ	
*Confirm Email Address ⓘ	
Member ID	
Claim Number	
Date of Service ⓘ	
Medicaid Paid Amount	
Paid Date ⓘ	
Provider/Facility	
*Message	Member no longer as ABC Insurance as of 06.30.18. Claim denied for no coverage. Please see insurance verification attachment for update.

Dropdown options:
- Banking/Financial/RA Inquiry
- Claim Administrative Review Request
- Claim Appeal
- Claim Inquiry
- Coverage Inquiry
- Enrollment Inquiry
- Portal Assistance
- TPL Update
- Other

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Other Insurance (TPL) Updates Attachments

- Add any required attachments to support the request.
- Click **Send**.

Reminder

Hospital Assessment Fee Adjustment

Effective August 1, 2019, the IHCP revised the Hospital Assessment Fee (HAF) adjustment factors used for outpatient reimbursement and inpatient diagnosis-related group (DRG) reimbursement to eligible hospitals. Please refer to *IHCP Bulletin [BT201939](#)* for more information.

- The revised adjustment factor for the inpatient DRG base rate is 2.7 (previously 3.1).
- The adjustment factor for the inpatient rehabilitation level-of-care (LOC) rate is 2.6 (no change).
- The adjustment factor for the inpatient psychiatric LOC rate is 2.2 (no change).
- The adjustment factor for the inpatient burn LOC rate is 1.0 (no change).
- The revised adjustment factor for the outpatient rates, excluding laboratory services, is 2.9 (previously 3.0).

HAF adjustment factors apply within the fee-for-service (FFS) and managed care delivery systems, including reimbursement under the Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise programs.

Treatment Room Revenue Codes

Effective September 25, 2019, the Indiana Health Coverage Programs (IHCP) will apply the following limit in the claim-processing system to reimbursement of treatment room revenue codes in the same "family."

More than one revenue code in the same family billed for the same date of service (DOS), on the same or different claims, and by the same provider, will deny for explanation of benefits (EOB) 6392 - *Treatment room revenue codes in the same family are limited to one revenue code per date of service, same provider*.

Please refer to BR201934 for more information

Note: Revenue codes and their full descriptions are listed in Revenue Codes table, accessible from the *Code Sets* web page at https://www.in.gov/medicaid/.

Revenue Codes

Effective September 3, 2019, the Indiana Health Coverage Programs (IHCP) will reduce the flat rate pricing of the revenue codes in Table 1, to reimburse at $0. This pricing change will apply to outpatient services with dates of service (DOS) on or after September 3, 2019.

Please refer to BR201931 for more information

Table 1 – Revenue codes reimbursable at $0 in the outpatient setting, effective for DOS on or after September 3, 2019

Revenue code	Description
251	Pharmacy-generic drugs
252	Pharmacy-nongeneric drugs
262	IV therapy - IV therapy/pharmacy services
264	IV therapy - IV therapy/supplies
273	Medical/surgical supplies and devices-take-home supplies
277	Medical/surgical supplies and devices-oxygen-take-home
621	Medical/surgical supplies-extension of 027x-supplies incident to radiology
622	Medical/surgical supplies-extension of 027x-supplies incident to other dx services

Claim Filing Limit

- The IHCP mandated a 180-day filing limit for FFS claims, effective January 1, 2019. Refer to *BT201829*, published on June 19, 2018, for additional details.

- The 180-day filing limit is effective based on date of service:

  – Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit.

  – Dates of service (DOS) before January 1, 2019, are subject to the previous, one-year filing limit.

Helpful Tools

Helpful Tools

Provider Relations Consultants

REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
1 Illinois Michigan	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St.Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
2 Illinois	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
4 Kentucky	Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
5 Kentucky Ohio	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

Helpful Tools

IHCP website at in.gov/medicaid/providers:

- *IHCP Provider Reference Modules*

- *Medical Policy Manual*

- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time

- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal

  - *(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*

Questions

Following this session please review your schedule for the next session you are registered to attend

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1063